

Retail Food Establishment Inspection Report

Floyd County Health Department Telephone:812-948-4726

Based on an inspection this day, the item(s) noted below identify violations of 410 IAC 7-24, Indiana Retail Food Establishment Sanitation Requirements. The time limit for correction of each violation is specified in the narrative portion of this report.

E-4-13-1	4 75 7						
Establishm	ent Name	J	ersey Mikes Subs	Telephone Number 812-590-1359	Date of In (mm/dd/y	r)	PERMIT #
Establishment Address (number and street, city, state, zip code)				Ol Cold local	11 -	1.11	19-
404 W. Daisy Ln New Albany, IN 47150				502-386-1981	11-7	-19	159
Owner Debbe Thompson				Purpose:	Follow-u	p Releas	e Date
Owner's Address				1. Routine	NO	10	day
	W. Da	usy	i Ln	2. Follow-up	Summary	of Violation	18:
Person in C	harge	•		3. Complaint 4. Pre-Operational	c7	NC	n X
<u> </u>			ian Wendelgast	5, Temporary		- ` -	
Responsible	e Person's	E-ma	ALL	6. НАССР	Menu Ty	pe (See back	of page)
Certified F	ood Manaş	ger		7. Other (list)	1 . 2	3 V	4 5
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• CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C"							
• VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRATIVE BELOW AS "R"							
Section#	C/NC	R	Narrative			To Be Co	rrected By
438	<u>C</u>		Observed spray bottle (6/4	e) without lat	. .	Toda	ay .
118	<u></u>		1 1) oserved un contitied to	d Manager's		2 da	15
		<u> </u>	Contil rule at Slace &	•			
291	NC	ļ	Observed no quat. Sanitize	er test strip	5.	3 d	aks
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Received by (name and title printed): Inspected by (name and title printed):							
Canga Wandugaut Alst Mager Thomas Snider, EHS Received by (signature): Inspected by (signature):							
Received by (signature): Inspected by (signature):							
co: cc: Cc:							
			"		VV.		